



City of San Diego  
Office of the City Manager  
Citizens' Review Board on Police Practices

## Complaint Form

OFFICE USE ONLY

Received: \_\_\_\_\_

To IA: \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING COMPLAINT FORM:

Please describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. What aspect(s) of the incident was improper (your specific complaint). How could it be resolved to your satisfaction?

COMPLAINANT NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ BUS. PHONE ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DOB \_\_\_\_\_

INCIDENT LOCATION:

\_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

SDPD PERSONNEL INVOLVED:

NAME \_\_\_\_\_ BADGE # \_\_\_\_\_ ID # \_\_\_\_\_ DIVISION \_\_\_\_\_

NAME \_\_\_\_\_ BADGE # \_\_\_\_\_ ID # \_\_\_\_\_ DIVISION \_\_\_\_\_

NAME \_\_\_\_\_ BADGE # \_\_\_\_\_ ID # \_\_\_\_\_ DIVISION \_\_\_\_\_

NAME \_\_\_\_\_ BADGE # \_\_\_\_\_ ID # \_\_\_\_\_ DIVISION \_\_\_\_\_

WITNESS (ES):

NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_ BUS. PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_ BUS. PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_ BUS. PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

INCIDENT DESCRIPTION/COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send complaint to: Scott D. Fulkerson, Executive Director, Citizens' Review Board on Police Practices,  
1200 Third Avenue, Suite 916, San Diego, California 92101. For more information, please call (619) 236-6296.

(USE BACK OF FORM IF MORE SPACE IS NEEDED)

